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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing OR ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number JAB 1498-PCT-USA

First Named Inventor Frans E. Janssens

COMPLETE IF KNOWN

Application Number /

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

RESPIRATORY SYNCYTIAL VIRUS REPLICATION INHIBITORS

the specification of which

☐ is attached hereto
OR

☒ was filed on (MM/DD/YYYY) 06/20/2000 as United States Application Number or PCT International

Application Number PCT/EP00/05676 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
99.202.087.5 00.200.452.1	EP EP	06/28/1999 02/11/2000	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 4]

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Customer Number
OR

☒ Registered practitioner(s) name/registration number listed below

Place Customer
Number Bar Code
Label here

Name	Registration Number	Name	Registration Number
Michael Stark	32,495	Myra McCormack	36,602
Steven P. Berman	24,772	Ellen C. Coletti	34,140
Andrea L. Colby	30,194	Mary A. Appollina	34,087

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☐ Customer Number OR ☒ Correspondence address below

Name	Philip S. Johnson				
Address	Johnson & Johnson				
Address	One Johnson & Johnson Plaza				
City	New Brunswick	State	NJ	ZIP	08933-7003
Country	USA	Telephone	(732) 524-2359	Fax	(732) 524-2808

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))		Family Name or Surname			
Frans Eduard		Janssens			
Inventor's Signature				Date	
Residence: City	Bonheiden	State		Country	Belgium
				Citizenship	Belgium
Post Office Address	Janssen Pharmaceutica N.V., Turnhoutseweg 30				
Post Office Address					
City	Beerse	State		ZIP	2340
				Country	Belgium

☒ Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

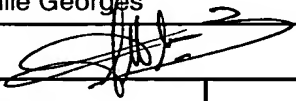
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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 4

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Kathleen Petrus Marie-José				Meersman			
Inventor's Signature					Date		
Residence: City		Wechelderzande	State		Country	Belgium	Citizenship Belgium
Post Office Address		Janssen Pharmaceutica N.V., Turnhoutseweg 30					
Post Office Address							
City		Beerse	State		ZIP	2340	Country Belgium
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
François Maria				Sommen			
Inventor's Signature					Date		
Residence: City		Wortel	State		Country	Belgium	Citizenship Belgium
Post Office Address		Janssen Pharmaceutica N.V., Turnhoutseweg 30					
Post Office Address							
City		Beerse	State		ZIP	2340	Country Belgium
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Jérôme Emile Georges				Guillemont			
Inventor's Signature					Date		10/15/01
Residence: City		Ande	State		Country	France	Citizenship France
Post Office Address		Janssen Cilag S.A., 1, rue Camille Desmoulins, TSA 91003					
Post Office Address							
City		F-92787 Issy-les-Moulineaux	State		ZIP	Cedex 9	Country France

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Given Name (first and middle [if any])				Family Name or Surname			
Jean Fernand Armand				Lacrampe			
Inventor's Signature				Date		10/15/01	
Residence: City		Le Mesnil-Esnard		State		Country France	
Post Office Address		Janssen Cilag S.A., 1, rue Camille Desmoulins, TSA 91003					
Post Office Address							
City		F-92787 Issy-les-Moulineaux		State		ZIP Cedex 9 Country France	
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Given Name (first and middle [if any])				Family Name or Surname			
Koenraad Jozef Lodewijk Marcel				Andries			
Inventor's Signature				Date			
Residence: City		Beerse		State		Country Belgium	
Post Office Address		Janssen Pharmaceutica N.V., Turnhoutseweg 30					
Post Office Address							
City		Beerse		State		ZIP 2340 Country Belgium	
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Inventor's Signature				Date			
Residence: City				State		Country	
Post Office Address							
Post Office Address							
City				State		ZIP Country	

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	First Named Inventor	Frans E. Janssens
	COMPLETE IF KNOWN	
	Application Number	/
	Filing Date	
	Group Art Unit	
	Examiner Name	

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				YES	NO
99.202.087.5 00.200.452.1	EP	06/28/1999 02/11/2000	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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☐ Customer Number

OR

☒ Registered practitioner(s) name/registration number listed below

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Name	Registration Number	Name	Registration Number
Michael Stark	32,495	Myra McCormack	36,602
Steven P. Berman	24,772	Ellen C. Coletti	34,140
Andrea L. Colby	30,194	Mary A. Appollina	34,087

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OR ☒ Correspondence address below

Name	Philip S. Johnson				
Address	Johnson & Johnson				
Address	One Johnson & Johnson Plaza				
City	New Brunswick	State	NJ	ZIP	08933-7003
Country	USA	Telephone	(732) 524-2359	Fax	(732) 524-2808

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))		Family Name or Surname	
Frans Eduard		Janssens	
Inventor's Signature	<i>Frans Eduard Janssens</i>		Date
Residence: City	Bonheiden	State	Country
			Belgium
Post Office Address	Janssen Pharmaceutica N.V., Turnhoutseweg 30		
Post Office Address			
City	Beerse	State	ZIP
			2340
		Country	Belgium

☒ Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Kathleen Petrus Marie-José				Meersman			
Inventor's Signature				Date	Oct. 12, 2001		
Residence: City	Wechelderzande	State		Country	Belgium	Citizenship	Belgium
Post Office Address	Janssen Pharmaceutica N.V., Turnhoutseweg 30						
Post Office Address							
City	Beerse	State		ZIP	2340	Country	Belgium
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
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François Maria				Sommen			
Inventor's Signature				Date	Oct. 12, 2001		
Residence: City	Wortel	State		Country	Belgium	Citizenship	Belgium
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Jérôme Emile Georges				Guillemont			
Inventor's Signature				Date			
Residence: City	Ande	State		Country	France	Citizenship	France
Post Office Address	Janssen Cilag S.A., 1, rue Camille Desmoulins, TSA 91003						
Post Office Address							
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☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Family Name or Surname

Jean Fernand Armand

Lacrampe

Inventor's
Signature

Date

Residence: City

Le Mesnil-Esnard

State

Country

France

Citizenship

France

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Janssen Cilag S.A., 1, rue Camille Desmoulins, TSA 91003

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F-92787 Issy-les-Moulineaux

State

ZIP

Cedex 9

Country

France

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Family Name or Surname

Koenraad Jozef Lodewijk Marcel

Andries

Inventor's
Signature

Date

Oct. 19,
2001

Residence: City

Beerse

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Janssen Pharmaceutica N.V., Turnhoutseweg 30

Post Office Address

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ZIP

2340

Country

Belgium

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Family Name or Surname

Inventor's
Signature

Date

Residence: City

State

Country

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Post Office Address

City

State

ZIP

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